ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Smc		10/27/9q
O.I.P.E. CLASSIFIER		10	11-3-9
FORMALITY REVIEW	YC	70017	1/10/9

INDEX OF CLAIMS

✔ .... Rejected
= .... Allowed
− (Through numeral) Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim	Date								
Final / Original	3/2/01	4/23/01	10/4/01	2/22/02	7/24/02	11/4/02	4/20/03	9/23/03	
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23	✔	✔	✔	✔	✔	✔			
24	✔	✔	✔	✔	✔	✔			
25	✔	✔	✔	✔	✔				
26	✔	✔	N	N	N				
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38	✔	✔	✔	✔					
39	N	N	N	N					
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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